CERTIFICATION FOR INDIRECT COST RATE

	Superintendent PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004						
Legal Entity #	School Dist. #	School Name	County	Level				
0258	1	Lewistown Elem	14	EL				
Proposed Rest	ricted Indirect Cost Rate	e% (Round to nea	arest hundredth (X.)	(X%) of a percent.)				
application should		vith one copy of each application ementary and high school district.						
This is to certify the knowledge and be		ndirect cost rate proposal submitt	ed herewith and to	o the best of my				
allowable in acco A-87, "Cost Princ	rdance with the requirem iples for State and Local	etablish the final indirect cost rate ents of the Federal award(s) to w Governments." Unallowable cos rmined Indirect Cost Allocation -	hich they apply ar ts have been adju	nd OMB Circular				
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.								
Signature of Dis			ress or P.O. Box	I declare that the foregoing is true and correct. Signature of District Superintendent or Board Street Address or P.O. Box				
Chairperson								
		215 7th Ave	enue South					
Printed Name of	Authorized Official	215 7th Ave		ip Code				
Printed Name of	Authorized Official	City	Z	i p Code 9457				
Printed Name of	Authorized Official		Z	•				
Title	ompleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	City Lewistown Date and Budgeting cruction	Z	•				
Title Send co	ompleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	City Lewistown Date and Budgeting cruction		9457				
Title Send co	ompleted form to: School Accounting Office of Public Inst PO Box 202501 Helena, MT 59620	Lewistown Date and Budgeting ruction -2501 R THE SUPERINTENDENT OF Date Appro	PUBLIC INSTRU	9457				

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0259	1	Fergus H S		14	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (Χ.)	(X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship to accordance with apply have not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			215 7th Avenue S	South		
Printed Name of A	uthorized Official		City		ip Code	
			Lewistown	5	9457	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	.IC INSTRUC	CTION BY:	
Арі	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

F	uperintendent O Box 202501 Jelena, MT 59620-2501		Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level		
0264	15	Deerfield Elem		14	EL		
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.	XX%) of a percent.)		
	Complete and submit wo submitted for the electory oval of your rate.						
This is to certify that knowledge and beli	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my		
allowable in accord A-87, "Cost Princip	ed in this proposal to es ance with the requirem les for State and Local in the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular		
casual relationship accordance with ap have not been clair and the Office of Popredetermined rate	ed in the proposal are pubetween the expenses plicable requirements. In the das direct costs. In the label of	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are all en treated as een account	ocated in s indirect costs ed for consistently		
Signature of Distr	ct Superintendent or		Street Address	or P.O. Box			
Chairperson			Route 3 Box 313	9			
Printed Name of A	uthorized Official		City		Zip Code		
			Lewistown	5	594579513		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
	Ticicha, Mit 00020						
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:		
			NDENT OF PUBL Date Approved	IC INSTRU	CTION BY:		

CERTIFICATION FOR INDIRECT COST RATE

y Level
Level
EL
h (X.XX%) of a percent.)
ost Rate. A separate is certification will be
and to the best of my
ds indicated above are bly and OMB Circular adjusted in allocating
sis of a beneficial or e allocated in ed as indirect costs ounted for consistently affect the
Вох
Zip Code
59032
TRUCTION BY:
FRUCTION BY:

CERTIFICATION FOR INDIRECT COST RATE

OPI	Superintendent PO Box 202501 Helena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0269	27	Grass Range H S		14	HS	
Proposed Restr	icted Indirect Cost Rat	:e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)	
application should	Complete and submit was submit was submitted for the electrowal of your rate.		• •		•	
This is to certify the knowledge and be	nat I have reviewed the i elief:	ndirect cost rate prop	osal submitted he	rewith and t	o the best of my	
allowable in accordance A-87, "Cost Princi	ded in this proposal to estance with the requirem ples for State and Local in the attached Predete	nents of the Federal a Governments." Una	ward(s) to which llowable costs have	they apply a ve been adju	nd OMB Circular	
casual relationshi accordance with a have not been cla and the Office of I predetermined rate	ded in the proposal are posterior between the expenses applicable requirements. In the contract costs. In Public Instruction will be see.	s incurred and the ago Further, the same of addition, similar type notified of any accou	reements to which osts that have beens of costs have be	they are all en treated as een account	ocated in s indirect costs ed for consistently	
Signature of Dist	trict Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 58			
Printed Name of	Authorized Official		City	2	Zip Code	
			Grass Range	5	59032	
Title			Date			
Send co	ompleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction				
ACCEPTE	ED AND APPROVED FO		NDENT OF PUBI	LIC INSTRU	CTION BY:	
Δ	approved Rate for FY20)04	Date Approved			
Signature						

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0272	40	King Colony Elem		14	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	undredth (X.)	XX%) of a percent.)	
	Complete and submit wo submitted for the electory or an arms.					
This is to certify tha knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirement es for State and Local on the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	hey apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be pregoing is true and corregoing is true and corregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the struction will be pregoing is true and correct the structure.	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been so of costs have be	they are allentreated as een account	ocated in s indirect costs ed for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			Route 2 Box 228	8		
Printed Name of A	uthorized Official		City		Zip Code	
			Lewistown	5	9457	
Title			Date			
Send com	npleted form to: School Accounting a Office of Public Inst PO Box 202501 Helena, MT 59620-	ruction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	IC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0273	44	Moore Elem		14	EL	
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit vole submitted for the electory of your rate.					
This is to certify tha knowledge and believed.	t I have reviewed the i ef:	ndirect cost rate prop	oosal submitted he	rewith and to	o the best of my	
allowable in accorda A-87, "Cost Principl	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which allowable costs have	they apply a ve been adju	nd OMB Circular	
casual relationship accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are posted between the expenses plicable requirements. In the das direct costs. In ablic Instruction will be regoing is true and corregoing is true and correct the district of the district	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have been es of costs have be	they are allo en treated as een account	ocated in s indirect costs ed for consistently	
	ct Superintendent or		Street Address	or P.O. Box		
Printed Name of A	uthorized Official		509 Highland City	2	Zip Code	
			Moore	5	9464	
Title			Date			
Send com	npleted form to: School Accounting Office of Public Ins PO Box 202501 Helena, MT 59620	truction				
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBI	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20)04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0274	44	Moore H S		14	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	o the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular	
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corregoing is true and corrections.	incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently	
	ct Superintendent or		Street Address	or P.O. Box		
Printed Name of A	uthorized Official		509 Highland City	Z	ip Code	
			Moore	5	9464	
Title			Date			
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO	R THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
		•	Signature			

CERTIFICATION FOR INDIRECT COST RATE

County	
	Level
14	K12
st hundredth (X.)	XX%) of a percent.)
	tate. A separate rtification will be
herewith and to	o the best of my
h they apply ar nave been adju	dicated above are and OMB Circular sted in allocating
ch they are allo een treated as been accounte	indirect costs ed for consistently
s or P.O. Box	
Z	ip Code
5	9471
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BLIC INSTRU	CTION BY:
	the periods inchedule A. on the basis of che they are allowed been accounted been accounted been accounted been accounted been treated as a been accounted by the beautiful accounted by the

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0281	84	Denton Elem		14	EL	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.X	X%) of a percent.)	
	Complete and submit we submitted for the electory of your rate.					
This is to certify that knowledge and believed.	t I have reviewed the ir ef:	ndirect cost rate prop	osal submitted he	rewith and to	the best of my	
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	ward(s) to which t llowable costs hav	they apply an ve been adjus	d OMB Circular	
casual relationship is accordance with apphave not been claim and the Office of Pupredetermined rate.	d in the proposal are poetween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and corr	incurred and the agr Further, the same of addition, similar type notified of any accou	reements to which osts that have been sof costs have be	they are allo en treated as een accounte	cated in indirect costs d for consistently	
Signature of Distri	ct Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 1048			
Printed Name of A	uthorized Official		City	Zi	p Code	
			Denton	59	9430	
Title			Date	I		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRUC	TION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

P	uperintendent O Box 202501 elena, MT 59620-2501	Due May 31, 2004				
Legal Entity #	School Dist. #	School Name		County	Level	
0282	84	Denton H S		14	HS	
Proposed Restric	ted Indirect Cost Rate	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)	
	Complete and submit wo be submitted for the electory over the electory over the community of the community of the community over the community of the community over the community of the community over the community over the community of the community over the community of the community of the community over the community over the comm					
_	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:					
allowable in accordance A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	ents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply a ve been adju	nd OMB Circular	
(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.						
Signature of Distri	regoing is true and corr ct Superintendent or		Street Address	or P.O. Box		
Chairperson			PO Box 1048			
Printed Name of A	uthorized Official		City	Z	Zip Code	
			Denton	5	59430	
Title			Date	1		
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501						
ACCEPTED	AND APPROVED FO		NDENT OF PUBL	LIC INSTRU	CTION BY:	
Ар	proved Rate for FY20	04	Date Approved			
			Signature			

CERTIFICATION FOR INDIRECT COST RATE

	O Box 202501 lelena, MT 59620-2501	Due May 31, 2004					
Legal Entity #	School Dist. #	School Name		County	Level		
0288	104	Spring Creek Color	ny Elem	14	EL		
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.)	XX%) of a percent.)		
	Complete and submit vote submitted for the electric oval of your rate.	. ,			•		
	This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:						
allowable in accord A-87, "Cost Principle	ed in this proposal to est ance with the requirem les for State and Local in the attached Predete	nents of the Federal a Governments." Una	award(s) to which t Illowable costs hav	they apply ar ve been adju	nd OMB Circular		
casual relationship accordance with ap have not been clain and the Office of Pu predetermined rate	ed in the proposal are posted in the proposal are posted between the expenses oplicable requirements. In the last direct costs. In the last last last last last last last last	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which osts that have been of costs have be	they are allo en treated as een accounte	ocated in indirect costs ed for consistently		
Signature of Distri Chairperson	ict Superintendent or	Board	Street Address PO Box 1185	or P.O. Box			
Printed Name of A	uthorized Official		City	Z	Zip Code		
			Lewistown	5	9457		
Title			Date				
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501							
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:		
Ар	proved Rate for FY20)04	Date Approved				
			Signature				

CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004						
Legal Entity #	School Dist. #	School Name		County	Level			
0291	115	Winifred K-12 Scho	ols	14	K12			
Proposed Restric	ted Indirect Cost Ra	nte% (Round to neares	st hundredth (X.	XX%) of a percent.)			
INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.								
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:								
allowable in accorda A-87, "Cost Principle	ance with the requirer es for State and Loca	establish the final indire ments of the Federal aval al Governments." Unall termined Indirect Cost A	vard(s) to whic owable costs h	th they apply a nave been adju	nd OMB Circular			
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	between the expense plicable requirements ned as direct costs. In ablic Instruction will be	properly allocable to Fees incurred and the agrees. Further, the same con addition, similar types a notified of any accourt	ements to whi sts that have b of costs have	ich they are allo been treated as been account	ocated in s indirect costs ed for consistently			
	ct Superintendent o	r Board	Street Address or P.O. Box					
Printed Name of A	uthorized Official		Box 109 City	2	Zip Code			
			Winifred	5	59489			
Title			Date					
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501								
ACCEPTED	AND APPROVED F	OR THE SUPERINTEN	DENT OF PU	BLIC INSTRU	CTION BY:			
Approved Rate for FY2004			Date Approved					
			Signature					

CERTIFICATION FOR INDIRECT COST RATE

PO Box 202501 Helena, MT 59620-2501		Due May 31, 2004						
Legal Entity #	School Dist. #	School Name		County	Level			
1218	222	Ayers Elem		14	EL			
Proposed Restric	ted Indirect Cost Rat	e%	(Round to nearest h	nundredth (X.	XX%) of a percent.)			
	Complete and submit vote submitted for the electory of your rate.							
This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:								
allowable in accorda A-87, "Cost Principle	d in this proposal to es ance with the requirem es for State and Local n the attached Predete	nents of the Federal a Governments." Una	award(s) to which to which to which to which to which the ward to ward the ward the ward to ward the ward the ward to ward the ward the ward to ward the ward to ward the ward to ward the ward to ward the ward the ward to wa	they apply a ve been adju	nd OMB Circular			
casual relationship I accordance with ap have not been claim and the Office of Pupredetermined rate.	d in the proposal are postween the expenses plicable requirements. ned as direct costs. In ablic Instruction will be regoing is true and cor	s incurred and the ag Further, the same of addition, similar type notified of any accou	reements to which costs that have beens of costs have be	they are alle on treated as een account	ocated in s indirect costs ed for consistently			
	ct Superintendent or		Street Address or P.O. Box					
Printed Name of A	uthorized Official		Box 100 Hwy 87 City		Zip Code			
			Grass Range	5	59032			
Title			Date					
Send completed form to: School Accounting and Budgeting Office of Public Instruction PO Box 202501 Helena, MT 59620-2501								
ACCEPTED	AND APPROVED FO	OR THE SUPERINTE	NDENT OF PUBL	LIC INSTRU	CTION BY:			
Approved Rate for FY2004			Date Approved					
			Signature					